CHO, M.J.

24-cv-8439

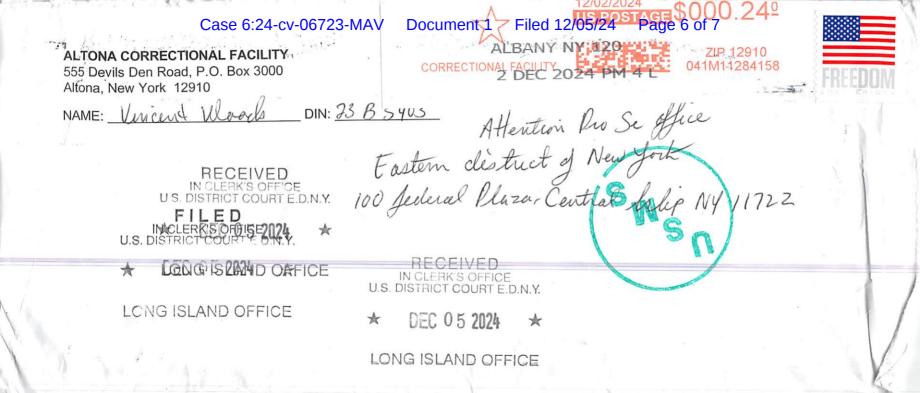
## UNITED STATES DISTRICT COURT EASTERN DISTRICT OF NEW YORK CIVIL RIGHTS COMPLAINT 42 U.S.C. § 1983 Plaintiff, [Insert full name of plaintiff/prisoner] JURY DEMAND -against-FILED IN CLERK'S OFFICE U.S. DISTRICT COURT E.D.N.Y. DEC - 4 2024 LONG ISLAND OFFICE RECEIVED Defendant(s). DEC - 5 2024 [Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate EDNY PRO SE OFFICE page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I] 1. Parties: (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.) Vancen A. Name of plaintiff If you are incarcerated, provide the name of the facility and address: tona Ny 17910

•	ted, provide your current address:
B. List all defendants esses at which each defer dants named in the capti	You must provide the full names of each defendant and the ndant may be served. The defendants listed here must match on on page 1.
Defendant No. 1	Evil Name
	Full Name  erie County  Job Title  Buffalo NY
Defendant No. 2	Address
	Full Name
	Job Title
Defendant No. 3	Address
	Full Name

	Address
Defendant No. 4	
	Full Name
	Job Title
	Address
Defendant No. 5	
	Full Name
•	Job Title
	Address
II. Statement of Claim:	
well as the location where the how each person named was need <u>not</u> give any legal argum of related claims, number and additional 8 ½ by 11 sheets of	• 1
Where did the events giving ri	se to your claim(s) occur? <u>evic County full</u>
	(include approximate time and date) Octuber 33 3034
to Octabu 31 200	<del>)</del> '4

Facts: (what happened?) I was charged with appeal in
the second degree. The distrect attorney
Sailed to endich me with in the six month
Derived allowed by law-lules indected
ten dans after the six month deadtine
Mid Parend filed a motion to dienist due
It sof metting the Souther that motion
10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ensured destation of due moin unelle the
inpessed destation of due process uncle the
Constitution of this state
II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?
I received ouin and suffering sever deputsion
Chiff was a lub to make having to lar
and last of weeks and work Herrig reduced
even though Olihut allamy failed to endut
within the sex north cladline

	and the second s
III. Relief: State what relie	ef you are seeking if you prevail on your complaint.
lan seeking	one hinched thousand dalleus y sentence vacated due to a Land Constitutional rights
also to have n	y sentence vacated due to a
unlation of civil	Land Constitutional right
<u></u>	
I declare under penalty	y of perjury that on $\frac{1}{1/8}$
complaint to prison authorities	at Alfone Conectional to be mailed to the United (name of prison)
States District Court for the Ea	(name of prison) astern District of New York.
Otatoo Biodiot Court is and	
I declare under penalt	y of perjury that the foregoing is true and correct.
. 1 - 1	1 - 1 100 0
Dated: 1//18/24	Signature of Plaintiff
•	· ·
	Altona Conectional Jucility
,	Name of Prison Facility or Address if not incarcerated
	555 Deuls Hen Kil VO Box 3000
	Alfona NY 12910
	Address
	93B5403
	Prisoner ID#



NEOPOST INCARCERATED INDIVIDUAL CORRESPONDENCE PROGRAM DIN: 23 B 5403

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